

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <i>10542218</i> | FILING DATE |
|--|----------|------|------------------------------------|------|------------------------------------|------|-------------------------------|-------------|
| CLAIMS | | | | | | | APPLICANT(S) | |
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